

WINTER ISSUE

1961

bulletin of

ART THERAPY

The Need of a More Creative Orientation in Universities and Colleges,

Margaret Naumburg

Art Therapy: Problems of Definition,

Elinor Ulman

Comments, *John S. Kafka,*

James L. Foy, Joseph D. Noshpitz,

Maria Petrie

*Art in Education,
Rehabilitation,
and Psychotherapy*

VOLUME 1
NUMBER 2

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**Editorial and Subscription
Offices:** 634 A Street,
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D. C.

Books for Review should
be sent to the Book Ed-
itor, 6208 East Halbert
Road, Bethesda 14,
Maryland.

Printed by Baker-Webster Co.
Issued four times a year:
Fall, Winter, Spring, and Sum-
mer. *Subscriptions:* U. S. and
Possessions \$3.00 a year; For-
eign, \$3.50. Single copies,
\$1.00. Advertising rates avail-
able upon request.

Bulletin of **ART THERAPY**

**Art in Education, Rehabilitation
and Psychotherapy**

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Readers' Forum

"Art and Emptiness"

I cannot agree with Edith Kramer's statement in her article, "Art and Emptiness," about scribble designs that pass as art work. Scribbling is one aspect of the natural development in the growth of the child. It is an especially important aspect in the kindergarten where children explore and manipulate art materials. They express themselves by swirling lines or colors over large sheets of paper. Later, after much experimentation has taken place, signs of controlled arrangements of lines, colors, and textures become evident.

Is not much of today's modern art abstract and nonrepresentational? Jackson Pollock's work (the drip method) is certainly akin to a form of scribbling.

After all, art teachers in the public schools work with large numbers of children whose creative expression in the visual arts is considered normal. Our purpose is to provide opportunity for free and spontaneous creative expression rather than to insist upon a realistic image or form as the acceptable end-product from children.

James W. Jones
Supervising Director, Department of Art
Public Schools of the District of Columbia

Permit me to refer to Edith Kramer's enlightening paper in the first issue of the BULLETIN and to Dr. Jefferson's comment. I think Dr. Jefferson's remarks should not go unchallenged.

Dr. Jefferson's comment does not seem to me to quite meet the points raised by Miss Kramer's article. She sees in them adverse criticism of non-representational art teaching and of the use of multiple new art materials and techniques. Miss Kramer does not say that one should look for realistic images in scribbles and blobs, but for images and structure. This means carrying the releasing, intuitive statement from chaos to order and to the unity which will make it art.

As I see it, Miss Kramer insists on a building-up after the tearing-down of releasing dammed-up emotion by free art exercises, and on replacing the ensuing emptiness with a positive, directed, definite statement. It is the two processes combined which have healing and educative power. As for an over-emphasis on new means and methods: They can certainly act as a stimulus, but they can also add to children's and patients' anxiety. To have too wide a choice easily confuses them, and too much freedom and lack of direction can place too heavy a responsibility on the immature or disturbed. Economy of means is equally challenging — though a change of method or material is often welcome or necessary, it does not influence the act of creation in essence.

(Mrs.) Maria Petrie
Santa Barbara, California

(continued on page 38)

The Need of A MORE CREATIVE ORIENTATION IN UNIVERSITIES AND COLLEGES

By MARGARET NAUMBURG

Margaret Naumburg is a certified psychologist and a practicing psychotherapist, specializing in analytically oriented art therapy. She is recognized internationally as the leading figure in the field of art therapy and has published three books on the subject, the most recent being *Psychoneurotic Art: Its Function in Psychotherapy*. She was the founder and first Director of the progressive Walden School in New York, and has recently returned to the field of education, teaching graduate courses in the Departments of Psychology and Art Education at New York University.

There are signs today that the climate of opinion as to what constitutes a sound university education is beginning to change. An expression of this new awareness is to be found in a recent statement of the "Report of the Committee on the Visual Arts of Harvard University."

"It is man in his aspect of knowing that we find enshrined in the university. In the university that has come to us out of the medieval tradition, one would almost say it is *talking about knowing* that is enshrined. Education was, and much of it remains on a purely verbal level. Great emphasis is laid upon classification, description, explication of nature, of man, and of his works. The university tends primarily to deal with products rather than with processes; with the fruits of man's creativeness rather than the act of creation."¹

Such a statement, while restrained in tone, is nevertheless a just and comprehensive indictment of some of the practices in American institutions of higher learning. As we prepare to consider a possible modification in our present approach to university teaching, we need to acknowledge how strongly we have remained committed to the traditional goals and ideals of European universities. Implicitly we still accept their emphasis on theoretical classification and consequent verbalization of whatever knowledge is to be taught or studied. (Exceptions are certain courses in science.) Have we forgotten how remote such concepts of education are from the all-embracing Greek ideal of education? Might we not return to that more fundamental concept of the Greek statement "Know thyself" which was posted above the doorway of their centers of learning? For us this would mean revivifying the significance of education as growth of self-knowledge in both teacher and taught. A fundamental revision of college as well as university training would be required in order that "process"

¹ p. 43, Harvard University, Cambridge, Mass., 1956.

rather than the completed (and sometimes obsolete) "products" as discussed in the Harvard Report, might then become the foundation of a more creative approach to education.

It is assumed in institutions of higher learning, though rarely stated publicly, that when teachers have been selected as academically prepared for their positions, and when students have been accepted as qualified to enter specific classes, the process of education will automatically function effectively. But frequently this assumption cannot be confirmed. The reason is that an important element in the human equation has been ignored — namely, that some teachers and quite a few students are not entirely adjusted to functioning in their appropriate roles. Why this happens becomes evident if we consider the extent to which verbal communication remains the primary basis of teaching.

We know and accept, perhaps too readily, that most courses on the college as well as the university level, are presented through lectures, followed to some extent by questions and discussion by students.

To complete the process of expressing ideas about ideas there are always textbooks and additional reference readings. Written reports and examination papers are also an inevitable form of further academic verbalism. All these classroom procedures are evidences of how colleges and universities continue their emphasis on established "products" rather than on "process."

Some subjects chosen for doctoral dissertations illustrate the unimaginative quality in the work, concentrated on products, of graduate students. To cite a few from various sections of the United States, let us begin with several dealing with aspects of art education, which might be expected to relate to creativity. The first one noted is:

1. *The Base Line in Children's Drawings of Self and Its Relationship to Aspects of Overt Behavior.*

The purpose of this study needs to be summarized by the candidate's own words, "The first purpose of the study was to establish whether or not children projected a base line, horizontal line, or symbol of a line upon which the child stands himself or other environmental symbols into drawings of themselves." This test was made for children between the ages of 3 through 8 years. The researcher studied 5001 crayon drawings of children under three classifications as to (1) self, (2) self in the future, (3) map of going from home to school. These drawings were analyzed (statistically) as to the inclusion or exclusion of a base line.

One of the conclusions of this study was that "1 per cent of the children include the base line at the age of 3. 96 per cent include it at 8. The mean age at which the base line is included more than excluded is 5 years, 10 months and 4 days. Females include the base line more often than males until age 8 where males exceed."

It is justifiable, on the score of this conclusion, to question whether there is any psychological importance to the absence or presence of a base line in children's drawings of self between 3 and 8 years of age. I have seen dozens of self portraits by children of all ages in which no base line

is drawn. Is a dissertation on such a subject deserving of a doctoral degree?

Another doctoral dissertation in a department of Art Education dealt with an investigation of:

2. *The Effect of Class Size and Room Size Upon the Creative Drawings of Fifth-Grade Children.*

To summarize, there were 267 children in nine different classrooms used in this investigation, which led to the following conclusions: that in the creative drawings of fifth-grade children there was no significant effect due to several criteria judgments instead of a single all-conclusive judgment; nor was there significant effect from class size, nor increased teacher-pupil contact. The two factors emphasized as having a significant relationship to children's creative drawings were motivation and the classroom teacher (or climate).

The inevitable question raised by this dissertation is whether statistical research procedures were needed in order to discover that the class climate or environment and a sympathetic teacher — and not the shape and size of a room — are the chief factors in obtaining creative art expression not only from fifth-grade children, but from children of all ages.

Another doctoral dissertation relating to the arts dealt with:

3. *The Influence of Repetition on the Over-All Aesthetic Quality and the Completion Time of a Creative Art Task.*

It is important to explain that what was called a "creative art task" in this dissertation consisted of employing 24 pieces of pre-cut construction paper. Six groups of college students, totalling 95 in number, were tested. One, seven, fourteen, twenty-eight, forty-nine and ninety-eight days were the intervals between the requested repetition of each respective group. This meant that the same 24 pieces of paper were repeatedly offered to the same 95 students. The author comments that "the analysis of the data . . . showed that there was no significant gain in over-all aesthetic quality between the initial experience (of these subjects) and the last repetition of the art task." This statement would be funny if it were not so sad. First of all, he has assumed that arranging 24 pieces of cut paper is an "art task." Then follows an assumption that a repeated use of these identical series of cut-up pieces of paper, spaced at five planned intervals, ought to have registered a specific aesthetic improvement in some of the students' cut-paper arrangements.

On what assumption concerning the nature of creativity were such college students expected to improve aesthetically by using the same ordered material over and over again? Instead of improving in creativity, any sensitive creative student would surely become bored and his productions would inevitably deteriorate. Whoever set up this research project understood little about the nature of art.

To summarize these three dissertations briefly — the test responses of children of various age were examined statistically in relation to whether a base line was related to the self images of these children. Again, in the second dissertation described, the creative drawings of children were subject to statistical sorting in order to discover whether the size and shape of

a classroom had any effect on the creative quality of such drawings. In the third dissertation, conclusions as to the influence of repetition on the aesthetic quality of a creative art task were again statistically analyzed.

It seems important to ask whether the problems explored in these three dissertations are of any value in understanding the creative process in education, or whether these doctoral candidates have simply developed research projects as the excuse for statistical investigations. Such dissertations may satisfy the testing enthusiasts, but what have they to do with art?

The increasing insistence that statistical methods, so necessary in scientific research, be also applied to dissertations in departments of art education has become a source of bafflement and dismay to candidates for Ph.D's and Ed.D's in such departments. They fail to comprehend what statistics have to do with research concerning the unique and complex qualities of human creativity.

Another type of statistical approach is used in some doctoral dissertations in art education departments. Statistical comparisons are developed between control groups that have not been subject to whatever creative art experiences are being investigated, and those who have had such experiences. Again, the demand for a statistical measure of creative experience seems meaningless to any artist. For creative individuals in any of the arts *know* that it is impossible to compare a creative experience to a non-creative one by means of statistical methods. When will the art departments of our universities have the courage to reject techniques of scientific methodology unsuitable to the study and investigation of the arts?

Here is yet another type of doctoral dissertation dealing, not with the visual arts, but with the art of tennis playing. It is called:

4. *The Effects of Varying Tennis Raquet Dimensions on Stroke Performance.*

The candidate explained his choice of subject in this way: "Because of the world-wide popularity of lawntennis, it is governed by an internationally accepted code of rules. These rules cover the various aspects of play but fail to define or describe the implement used in playing the game — the raquet. Because of this interesting omission in the rules, this study was undertaken to determine whether the varying dimensions of the presently accepted "Standard" raquets would significantly affect their effectiveness in the performance of the skills of tennis."

The factors chosen for investigation were (1) raquet length, (2) raquet weight, (3) restringing material, and (4) stringing tension. Eighteen players were used as subjects. All the tests were accomplished with players using the forehand ground stroke exclusively.

From the analysis of the data obtained the following conclusions were drawn:

1. Advanced players as a group are more accurate with heavy raquets.
2. The factor of length is important to the accuracy and general play of an advanced player.

Skipping several other points on raquet construction, the fifth conclusion was that gut stringing gave better results than nylon stringing.

Does the choice of such topics for doctoral dissertations imply that graduate students are being helped to face the challenge of our rapidly changing world? Do such titles suggest that students are, today, being prepared to become more independent in creative thought and expression or more flexible and more perceptive in meeting life? Could any of the subjects cited in these doctoral dissertations help to prepare students to meet the cataclysmic changes that lie ahead of us in our bomb-threatened world?

Apropos of the frequent use of statistical methods for doctoral dissertations, particularly in relation to the arts, what Braque said on the relation of science to art is important:

"In our epoch, people are preoccupied with science, confused by trying to reduce everything to science. Of course science is something very good, but it does not go beyond intelligence, whereas art only begins when it does go beyond intelligence. Then art touches the soul. Science speaks only to intelligence. One needs more and more art, after all, to rediscover the true reality."²

There is much concern of late as to the nature and meaning of creativity to all people as well as the gifted; this is demonstrated in the rash of research projects breaking out in a number of our universities. Some of the recent discoveries made by such a project at the Institute of Personality Assessment and Research at the University of California, although novel to these researchers, have been recognized by many others for a long time. In a report³ of the project, surprise is expressed that many of the well-known writers and artists tested did not have IQ's beyond 120. Perhaps such statements will eventually help educators to recognize the limitations of IQ tests and to realize that IQ standardization is based on purely verbal information taught to students and then given back through an IQ test.

Beyond the exaggeratedly verbal program of studies offered in colleges and universities today, what activities are generally available to students? What activities are they offered to counterbalance the omnipresent process of verbalization? During recent years, a rapid expansion of science laboratories has taken place; a certain limited number of studios for the plastic and dramatic arts are also available; and plenty of play fields and gymnasiums are always at the disposal of those seeking release in athletics. But such activities can occupy only a small place in any student's program, because other areas of specialization remain academically important. Furthermore, although limited non-verbal activities may help to round out the development of some students, such interests are no substitute for the all-important need for self-knowledge, nor the pressing search for meaningful values.

² *The Artist in His Studio* by Alexander Liberman, Chap. III "Masters of Cubism and Abstract Art" (An Interview with Braque), Viking Press, New York, 1960.

³ *The New York Times*, Oct. 22, 1961.

While counseling is offered in some colleges and universities to students who have difficulty in adjusting to academic requirements, this cannot answer the psychological needs of many students in orienting their lives. It is over these deeper problems that young people are floundering today. Not until college and university leaders are ready to further the emotional adjustment of *all* their students through psychology courses which include counseling or dynamic psychology and its emphasis on the unconscious, will their students begin to be prepared to meet the unforeseen exigencies of our rapidly changing world.

It is surprising to find that over 50 years after the revolutionary discoveries of Freud concerning the unconscious, many of our educational institutions continue to give introductory courses in psychology on the purely descriptive level. Such courses, while exploring the external aspects of psychological growth and development, make no reference to the implications of dynamic psychology in relation to the problems of students' lives. It seems that a number of psychology departments still prefer to offer, in their elementary psychology courses, an image of man as typically normal, and omit any reference to the many non-normal responses evident in the daily lives of most people. It is time that we ask why students who plan to become teachers should not be introduced, as soon as possible, to those now well-established findings concerning dynamic psychology and the unconscious. Such information would help to make them more aware of their own motivation and would assist them in understanding such emotional problems as develop in the pupils of every classroom.

Resistance to dealing with the development of self-knowledge by students is frequently found in colleges and universities; this may well be due to fear that a probing of personality adjustments is unhealthy.

Comprehension of unconscious factors in personal responses would help all students to become aware of the wide range of opportunities that are available for furthering human contacts in their lives. By such means it would be possible to help students realize that all people may experience temporary emotional conflicts, which, when unconscious motivation is understood, can be resolved as an aspect of normal maturation.

While college students are popularly assumed to be normal, creative artists — who, of all people, contribute so much to the understanding of creativity — are pictured in the public mind as not being normal. University researchers seemed surprised to discover normalcy in the creative artists that they investigated in the California Report on Creativity, already referred to. Here is their statement:

"Some creative individuals have been emotionally disturbed in the past and some are disturbed and turbulent today. But most appear well able to handle their complex disturbances. They are aware of life's difficulties and sensitive to distressing elements — *but they are not suggestive of pathology.*"*

The University of California's exploration of creativity is but one of a

* The italics are the writer's.

number now being supported by Foundations in our various universities. Evidently the investigators did not expect to find such remarkably well-integrated responses as they obtained from many well-known writers, painters, and dramatists that they interviewed and tested. Perhaps, with the help of these investigations, the myth that creative people are inevitably unbalanced and pathological will begin to die and be buried.

There still exists in many of our academic institutions an assumption that students who are accepted because they have met certain entrance requirements are both emotionally and intellectually mature, and therefore ready to meet the conditions of academic life and study. Unfortunately, this is not always the case. While failure of such students to adjust to college life may sometimes be due to poor high school preparation, there are frequently deeper reasons for their maladjustment, which concern their emotional problems of living. Is it not time that our educators, as well as students, recognize that *emotional problems are normal to the human race* and that a deeper understanding of emotional conflicts in the process of maturation is a responsibility of educators on both the university and college levels?

I have raised a number of questions in this paper for readers of this new BULLETIN OF ART THERAPY, concerning the accepted attitudes and standards still current in our institutions of higher learning toward verbalization and the place of the creative process in their educational procedures. I purposely broadened my discussion to include a wider spectrum than the area of the arts, because I am convinced that unless there is a more inclusive recognition of the nature of the process of creativity in all subjects, the importance of non-verbal communication, as a vital educational procedure, cannot be developed and expanded for the benefit of university and college students.

ART THERAPY:

PROBLEMS OF DEFINITION

By ELINOR ULMAN

Miss Ulman, the *BULLETIN's* editor, is an art therapist, assigned by the Department of Physical Medicine and Rehabilitation to work in psychiatry at District of Columbia General Hospital. She is also a member of the faculty of the Washington School of Psychiatry.

It is always hard, sometimes impossible, to find the ideal name for any complex and subtle discipline. The title "art therapy" can easily be dismissed as inadequate or inaccurate, but I have not found a better one. Doubtful implications can only be resolved by careful, evolving definition. The purpose of this paper is an opening move in that direction.

"Art therapy" is currently used to designate widely varying practices in education, rehabilitation, and psychotherapy. Directors of special schools, psychiatrists, and even (in at least one case) the United States Civil Service Commission, refer to certain professional and volunteer workers as art therapists, even though no similar educational preparation, no set of qualifications, nor even any voluntary association binds these people together. Possibly the only thing common to *all* their activities is that the materials of the visual arts are used in some attempt to assist integration or reintegration of personality.

Yet competing and mutually exclusive definitions of art therapy have already been published by art therapists. At least one psychiatrist, objecting to the looseness with which the term is used, has attempted to tighten up its meaning. Psychiatrists also have suggested various combinations of new names to designate special uses of art materials in psychotherapy.

Art therapy is the only one of the many activity therapies to attract this kind of attention from psychiatrists. This, I believe, implies something important about the peculiar nature and potency of our medium. There is a considerable body of literature describing the therapeutic use of patients' graphic and plastic projections in psychiatric practice.¹ A number of these

¹ See for example H. G. Baynes, *The Mythology of the Soul*; Baltimore, Williams and Wilkins, 1940.

Gustave Bychowski, "The Rebirth of a Woman"; *Psychoanalytic Review*, 1947, vol. 34, pp. 32-57.

Nolan D. C. Lewis, "The Practical Value of Graphic Art in Personality Studies"; *Psychoanalytic Review*, 1925, Vol. 12, pp. 316-322.

Ainslie Meares, *The Door of Serenity*; Springfield, Ill., Charles C. Thomas, 1958.

books and papers antedate the important publications of such art therapists as Naumburg and Kramer. Since art therapists have begun to publish, some psychiatrists imply that the term is being used to denote territory that belongs rather to themselves.

Direct attempts by art therapists to define art therapy demand first consideration. Whatever its deficiencies, our two-word title at least indicates the two main trends in existing practice and theory: some art therapists put the emphasis on art and some on therapy. The art people tend to exclude procedures where completion of the creative process is not a central goal; the therapy people often explain that preoccupation with artistic goals must be minimized in favor of a specialized form of psychotherapy. In the United States the second group — emphasis on therapy — found its spokesman earlier in the person of Margaret Naumburg. They are the ones who afford us the unique privilege of colliding squarely with psychiatrists who encourage their patients to communicate not only with words but with paint and clay. Among them also are the few who claim that art therapy can be an independent as well as an auxiliary technique in psychotherapy — a claim made, as far as I know, for no other activity therapy.

"Symbolic Speech"

Naumburg's theory has undergone considerable evolution since the early 1940's; only a recent formulation will be quoted. Naumburg designates art therapy as analytically oriented, saying that it "bases its methods on releasing the unconscious by means of spontaneous art expression; it has its roots in the transference relation between patient and therapist, and on the encouragement of free association. It is closely allied to psychoanalytic therapy. . . . Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient's own interpretation of his symbolic designs. . . . The images produced are a form of communication between patient and therapist; they constitute symbolic speech."

Naumburg cites the advantages of introducing painting and clay modeling into analytically oriented psychotherapy as follows: First, it permits direct expression of dreams, fantasies, and other inner experiences that occur as pictures rather than words. Second, pictured projections of unconscious material escape censorship more easily than do verbal expres-

———, *Hypnography*; Springfield, Ill., Charles C. Thomas, 1957.

———, *Shapes of Sanity*, Springfield, Ill., Charles C. Thomas, 1960.

John Weir Perry, *The Self in Psychotic Process*; Berkeley, University of California Press, 1953.

Max M. Stern, *Free Painting as an Auxiliary Technique in Psychoanalysis*, in *Specialized Techniques in Psychotherapy*, edited by Gustav Bychowski and J. Louise Despert; New York, Basic Books, 1952.

———, "Trauma, Projective Technique, and Analytic Profile"; *Psychoanalytic Quarterly*, 1953, Vol. 22.

The list would be much longer if literature devoted mainly to the diagnostic value of painting and sculpture were included.

sions, so that the therapeutic process is speeded up. Third, the productions are durable and unchanging; their content cannot be erased by forgetting, and their authorship is hard to deny. Fourth, the resolution of transference is made easier. "The autonomy of the patient is encouraged by his growing ability to contribute to the interpretation of his own creations. He gradually substitutes a narcissistic cathexis to his own art for his previous dependence on the therapist."²

An informal inquiry made in 1960 revealed that of 30 art therapists working in the United States and Canada a substantial majority believed that a therapeutic endeavor where spontaneous graphic and plastic projections serve primarily as "symbolic speech" was an important goal of their own practice. About half of these, like Naumburg, minimized any other special contribution of art activity to the treatment of the mentally ill. Independent private practice appears to be rare;³ most of these art therapists work as members of psychiatric teams. Conditions vary widely and technique is modified in many ways. It is worth noting that Naumburg and others have applied similar methods both in individual treatment and in group therapy.

Naumburg's procedures overlap those described by psychiatrists who use painting and clay modeling in the course of psychoanalysis or analytically oriented therapy. These doctors share most of her convictions about the advantages gained by introducing these special materials and techniques, though in their reports I have found no mention of any change in the problem of handling transference. Max Stern and Ainslie Meares make it abundantly clear that they regard the interpretive use of patients' spontaneous productions in paint or clay as an integral part, but only a part, of their own basic therapeutic practice. W. L. Meijering assigns "expressive therapy," characterized as intensive and interpretive, exclusively to the "expert psychiatrist."⁴

Healing Quality of the Creative Process

The conflict here implied can be discussed better after considering another important theoretical formulation. Edith Kramer emphasizes art in defining the art therapist's special contribution to psychotherapy. In 1958 she became the second member of our nascent profession in the United States to publish at book length and to attempt rigorous definition.

² Margaret Naumburg, *Art Therapy: Its Scope and Function*, in *The Clinical Application of Projective Drawings* by Emanuel F. Hammer, et al, Springfield, Ill., Charles C. Thomas, 1958.

³ See Margaret Naumburg, *Psychoneurotic Art: Its Function in Psychotherapy*; Grune & Stratton, 1953.

This is the only published report I know of. Lucile Rankin Potts, describing *Two Picture Series Showing Emotional Changes During Art Therapy*, does not mention referral source or other psychiatric treatment of patients in her groups. *International Journal of Group Psychotherapy*, 1958. Vol. 8, No. 4.

⁴ See footnote 1, also W. L. Meijering, *La Thérapie Créative*; talk delivered at 3rd World Congress of Psychiatry, Montreal, 1961. Mimeographed.

The healing quality inherent in the creative process explains, in Kramer's view, the usefulness of art in therapy. "Art," she says, "is a means of widening the range of human experiences by creating equivalents for such experiences. It is an area wherein experiences can be chosen, varied, repeated at will. In the creative act, conflict is re-experienced, resolved and integrated. . . . The arts throughout history have helped man to reconcile the eternal conflict between the individual's instinctual urges and the demands of society. . . . The process of sublimation constitutes the best way to deal with a basic human dilemma, but the conflicting demands of superego and id cannot be permanently reconciled. . . . In the artistic product conflict is formed and contained but only partly neutralized. The artist's position epitomizes the precarious human situation: while his craft demands the greatest self-discipline and perseverance, he must maintain access to the primitive impulses and fantasies that constitute the raw material for his creative work.

"The art therapist makes creative experiences available to disturbed persons in the service of the total personality; he must use methods compatible with the inner laws of artistic creation. . . . His primary function is to assist the process of sublimation, an act of integration and synthesis which is performed by the ego, wherein the peculiar fusion between reality and fantasy, between the unconscious and the conscious, which we call art is reached."⁵

The complete artistic process thus exemplifies victory in the continuous struggle imposed on man by his basic nature. Therefore the arts have special value in the treatment of the mentally ill, but by themselves they cannot repair seriously damaged capacities for sublimation. No art therapist who places the emphasis on art considers art therapy a possible substitute for psychotherapy in the more conventional sense. Most agree with Kramer about a few salient qualities that distinguish the art therapist from the art teacher. In therapy the product is more clearly subordinated to the process than in teaching. Even more than the teacher must the therapist offer acceptance and respond to the special needs of every patient. His psychodynamic understanding shapes attitudes and actions in ways too subtle for brief recapitulation, enabling him to contribute both to the therapeutic program and to the understanding of each patient's total personality.

Of the 30 art therapists previously mentioned, a majority consider that providing adequate conditions for the creative process is an important part of their job, but only a small number appear to believe that it is their whole job. About twice as many aim only at the use of graphic and plastic productions as "symbolic speech." The largest single group — about half of those responding — believe in both these two main ways of using art.

Psychiatrists' Definitions

No psychiatric writer lays claim for himself to the area defined by Kramer. Stern, who does not concern himself with the problem of defining

⁵ Edith Kramer, *Art Therapy in a Children's Community*; Springfield, Ill., Charles C. Thomas, 1958, pp. 6-23.

art therapy at all, writes as a psychoanalyst addressing himself to other psychoanalysts. Meijering, on the other hand, does define the artist-therapist's role, but he purposely avoids the term art therapy; "creative therapy" is his name for the broad spectrum of mental hospital practices involving the more or less creative use of paint and clay. Within this field he distinguishes between "expressive therapy," "creative therapy proper," and "artistic activities."⁶

Expressive therapy centers on the expression of emotion within the framework of the therapeutic relationship. It is an integral part of psychotherapy and should be strictly the doctor's province, for it is often so profoundly revealing to the patient as to be extremely dangerous in any other hands. Simple, easily handled art materials best serve the purposes of expressive therapy, and the psychotherapist conducting it need have little specialized knowledge about media and art techniques.

Creative therapy proper is the concern of the "creative therapist," who has his own area of competence. He must know a great deal about art materials and their use, and above all must have such a first-hand knowledge of the artistic process that he can avoid interfering with the patient's determination of his own expressive goals. While the creative therapist must understand psychiatric principles, his main concern is with helping the patient find a means of imaginative expression rather than with the content of expression. Interpretation is purposely avoided, for this is "no longer part of a psychotherapeutic process. . . . It is rather a task to execute than a liberation of feeling." Meijering's brief description of the "integrative" role played by creative therapy implies considerable understanding of the artistic process and its potential service to the personality. However, he sees the development of the patient's relation to the *outside* world as the main contribution of this isolated phase of treatment.

Creative therapy proper is distinguished from "artistic activities," the name given by Meijering to the recreational use of art materials in the treatment of chronic patients. The leader's role is here conceived as much more directive than that of the creative therapist. Artistic activities apparently serve to strengthen defenses; in contrast to the "uncovering" function of expressive therapy and the "integrative" function of creative therapy, artistic activities are designated as "covering." Curiously Meijering likens artistic activities rather than creative therapy proper to "creative activities" outside the hospital where "there is no question of psychiatric treatment," and where "artistic norms" prevail. An American can only wonder whether this identification reflects the state of art and of art education in Holland.

Meijering is aware that in practice his three forms of creative therapy cannot always remain strictly separated. His treatment of the subject demands serious consideration because his distinctions are reasonable and

⁶ W. L. Meijering, *Op. cit.* Translation mine. Meijering speaks in the name of a committee of psychiatrists consisting of himself and Drs. Vaessen, Zitman, and Palies, which in 1959 undertook formulations based on existing practices in the mental hospitals of Holland.

impose some order on a semantic chaos.⁷ I would hesitate, however, to identify the art therapist's role with the creative therapist's role as he delineates it. The dictionary meaning of his terms appears to me too broad and the meaning he assigns to them too narrow to serve our purpose.

Meares, who has invented such cumbersome terms as hypnography, plastotherapy, and hypnoplasty to designate the psychiatrist's various uses of art materials, does use the term art therapy, and sets very strict limits to its meaning. Not only is the art therapist excluded from the doctor's territory, but bits and pieces arbitrarily assigned to occupational therapy and recreation nibble away a good deal of what is left. As if this were not enough, he creates a sort of no-man's-land called "integrative therapy," where the enforcement of literal realism and something vaguely termed "good craftsmanship" are artificially isolated. The domain of "aesthetic" concern that remains as the province of his so-called art therapy is not only extremely narrow but it is poorly and superficially defined.⁸ Meares' opposition to the sloppy use of the terms "art" and "art therapy" in psychiatric writing is admirable. In *The Door of Serenity* he demonstrates exquisite sensibility in regard to his schizophrenic patient's graphic expression; here and in *Shapes of Sanity* his remarks show that he knows the difference between good art and bad. But in both books it becomes clear that his understanding of sublimation and the creative process as a whole is not equal to the worthy task he set himself.

The Role of Sublimation

Though many artists, art therapists and art educators do not agree, I believe that only on the basis of sublimation can the function of art and the full potential of art therapy be adequately understood. In sublimation, as Kramer uses the term, "instinctual behavior is replaced by a social act in such a manner that this change is experienced as a victory of the ego. . . . Artistic sublimation consists in the creation of visual images for the purpose of communicating to a group very complex material which would not be available for communication in any other form. . . . Every work of art contains a core of conflicting drives which give it life and determine form and content to a large degree."⁹

Too often sublimation is talked about loosely, as if it were the fruit of a benign deceit practiced by parents, teachers, and therapists upon unsuspecting children and patients — a harmless dissipation of steam that might otherwise cause an explosion. The steam of instinctual energy is indeed dissipated in neurotic symptoms; in sublimation this same energy drives

⁷ Another psychiatrist, H. Azima, striving for precise terminology, contributes to our embarrassment of verbal riches. He prefers "projective therapy" to his own earlier "analytic art therapy" to designate an aspect of *Dynamic Occupational Therapy*. *Diseases of the Nervous System*, Monograph Supplement, 1961. Vol. 22, No. 4.

⁸ *Shapes of Sanity*, pp. 4, 453-464.

⁹ *Op. cit.*, pp. 12-16.

an engine that does useful work. The metaphor is, of course, too mechanical; but labor is an unescapable part of the creative process, in science and in art as in life itself. The marvel is that out of inevitable inner conflict, out of the same primeval forces so easily turned to violence and destruction, springs man's capacity for civilized living and the greatest cultural achievement.

The situation is not entirely within our control: art itself refuses to stay within the rigid boundaries that Meares and even Meijering set for it. Meares observes that clay modeling integral to psychotherapy often provokes intense anxiety. Elsewhere plastic expression is, he says, always safe and pleasant, relationships with auxiliary therapists are always positive, after the first try patients always look forward with eager delight to using art materials. In my experience it just doesn't happen that way. I will also wager that in "creative therapy" new self-awareness sometimes develops, whether or not Dr. Meijering wishes it so, whether or not the deep unconscious content of paintings is interpreted. The "how" and the "what" of expression in art simply cannot be torn asunder.

More readily subject to choice and regulation is the question of who should do what in the area of intensive, analytically oriented therapy mediated by the expressive use of paint and clay. I think it is easier for art therapists and psychiatrists to divide and share this moot territory in practice than in theory. There are enough art materials to go round; Dr. Stern can use them in his psychoanalytic practice and nobody reading his papers could possibly mistake him for an art therapist. Margaret Naumburg is not only an art therapist but a psychologist; she is equipped for a kind of practice few, if any, other art therapists now qualify for. In institutions many patterns of collaboration between art therapists, psychiatrists, and psychologists have been developed and continue to evolve. Thus art therapists step over the border into Dr. Meijering's "expressive therapy," playing a more or less central role under the supervision of psychiatrists.

Stern points out that the primitive, pictorial form of thinking used in therapeutic painting is alien to the ego; this arouses the resistance not only of the neurotic patient but of the analyst. It is 36 years since Nolan D. C. Lewis described this auxiliary technique,¹⁰ ten years since Stern offered more detailed exposition, yet its use by psychoanalysts has not spread like wildfire. Perhaps the art therapist can rush in where the analyst fears to tread; regression to preverbal modes of thought is not as alien to the artist's ego as to the intellectual's. Art therapists may, therefore, be of service to psychiatrists who do not find non-verbal communication techniques congenial, even when the art materials and processes used are so simple that no specialized help would appear to be called for.

Collaboration between psychoanalysts and art therapists, working separately with the same patients, occurs and perhaps will increase as qualified art therapists become available. Sometimes associative work begun with the art therapist is carried further in sessions with the doctor.

¹⁰ *Op. cit.*

A few accounts have been published¹¹ but not much has yet been told about how the therapists handle problems that arise in their relationship with each other.

Art therapists defining their own role are naturally less apt than psychiatrists to atomize the creative process or try to fit it into a strait-jacket. To Naumburg, the often embattled pioneer, we shall always be deeply indebted. Starting more than 20 years ago to survey the boundaries of newly explored territory, she had to distinguish sharply between her own sensitive, dynamic procedures and the stultifying misuses of art materials all too common both in occupational therapy and (despite much enlightened theory) in art education. As Naumburg's practice evolved, so did her theory. From the treatment of behavior problem children in a mental hospital, she moved on to work with psychotic adults, and later into the treatment of neurotic patients outside the institutional setting. Gradually she put less emphasis on sublimation, more on bringing unconscious material into awareness by analytic procedures. More and more emphatically she warns that premature concern with artistic achievement is bound to interfere with maximum therapeutic exploitation of "spontaneous art expression."

Two Approaches to Analytically Oriented Therapy

Both Naumburg and Kramer base their formulations on psychoanalytic theory. They are generalizing, however, from two very different kinds of experience. While Naumburg worked mainly with individuals, or with groups in a sharply circumscribed setting, Kramer found ways to make art a living, profoundly civilizing force in a community of disturbed delinquent boys. She did this by being "at once artist, therapist, and teacher," by developing in breadth and depth the aspect of art therapy that Naumburg only touched on in her earlier work. Emphasizing that the process of sublimation is the art therapist's main field of action, she is at pains to differentiate his role from that of psychologists and psychotherapists who use drawings and paintings as an aid in diagnosis and therapy. Psychiatric procedures where "artistic values are of secondary importance" are not, according to Kramer, art therapy.

By Naumburg's recent definitions, Kramer is an art teacher rather than an art therapist. Into Kramer's ideological scheme, Naumburg fits as a psychotherapist, not an art therapist. This is an extreme statement of the cleavage between those art therapists who operate near the peripheral area of psychotherapy at the one side, and those who operate near the peripheral

¹¹ See for example Florence Cane, *The Artist in Each of Us*; New York, Pantheon Books, 1951, pp. 303-368.

Hanna Y. Kwiakowska and Seymour Perlin, *A Schizophrenic Patient's Response in Art Therapy*; U. S. Dept. of Health, Education, and Welfare, U. S. Government Printing Office, 1960.

Margaret Naumburg and Janet Caldwell, *The Use of Spontaneous Art in Analytically Oriented Group Therapy of Obese Women*; *Acta Psychotherapeutica*, Basel (Switzerland) and New York, Supplement to Vol. 7, 1959.

area of art education at the other. When representatives of the two trends meet they are apt to treat each other and each other's ideas with a rather gingerly politeness, so that it is hard to tell where catholic acceptance leaves off and veiled difference about important convictions begins. Yet for all their serious and overt disagreement, even between two such strong personalities as Naumburg and Kramer the conflict in practice is not absolute.

Naumburg points out that patients with no art experience except their work with her sometimes develop a capacity for producing aesthetically satisfying forms.¹² There is good reason for this; projecting "spontaneous images" is as significant to creative art education as to analytically oriented art therapy. Naumburg gives way to a patient's demand for direct instruction in picture-making only when she feels this is necessary to keep the therapeutic process in motion. But she has willingly undertaken to help artists liberate, through art therapy, their blocked creative capacity, and has developed special methods of dealing with this difficult problem.¹³

Kramer as art therapist understands the need for accepting sterile constriction and temporary regression in painting that no art teacher need tolerate. In her own practice, art became an integral and important part of the therapeutic milieu. Often artistic experience directly complemented individual psychotherapy, by bringing unconscious material closer to the surface, and by providing an area of symbolic living wherein changes were tried out, gains deepened and cemented.

Naumburg's art therapy and Kramer's art therapy meet the criteria set forth at the end of this paper. I want to underline that the selection of Naumburg and Kramer as spokesmen is mine. There are art therapists, some of them doing excellent work, who would reject their formulations for the very reason that I find them adequate: that is, their basis in psychoanalytic understanding.

Unanswered Questions

Several topics are so closely related to the subject of this paper that their omission calls for a word of comment. One of these is the relationship, actual and potential, between art therapy and occupational therapy; another is the art therapist's role in the use of free art expression to assist psychiatric diagnosis. The diagnostic value of patients' art products is widely acknowledged; the art therapist's part in handling such material, has not, as far as I know, received a great deal of attention. This could well be the subject for another paper. I believe also that the area where art and occupational therapies come close together can be discussed more profitably after the newer discipline has taken more steps to map out its

¹² See *Schizophrenic Art: Its Meaning in Psychotherapy*; N. Y., Grune & Stratton, 1950, p. 37; and *Psychoneurotic Art: Its Function in Psychotherapy*, pp. 6-7.

¹³ See *The Power of the Image: Symbolic Projections in Art Therapy*; (catalog) Annual Meeting of the American Psychiatric Association, 1960.

own territory. Perhaps occupational therapists among the BULLETIN's readers will have something to say on this subject.

Two other important questions have been implied but can scarcely be answered here. First, what kinds of patients are more apt to benefit from art therapy than from other available means of treatment? An adequate answer depends on more exhaustive investigation and formulation than has yet been undertaken. Such investigations should lead eventually to refinement in the choice of art therapy media and methods best suited to the needs and capacities of the individual patient.

Last of all, the definition of art therapy is intimately intertwined with the definition of art therapists. Who are they? How did they get to be what they are? If we were in a position to start training art therapists, what disciplines would we ask them to undergo? I hope that this paper will stimulate thinking and writing along these lines.

Synthesis

Throughout this discussion I have been indicating dissatisfaction with definitions that seem to me too narrow to cover functions that are and should continue to be fulfilled by art therapists. I believe the realm of art therapy should be so charted as to accommodate endeavors where neither the term art nor the term therapy is stretched so far as to have no real meaning. This implies well-defended boundaries (some day we may be strong enough to take the offensive) separating art therapy from all misuses of art material that are basically anti-art. Some other practices not in themselves noxious can be called "therapy" only by misplaced courtesy; these I shall first attempt to designate and exclude.

Therapeutic procedures are those designed to assist favorable changes in personality or in living that will outlast the session itself. The vagueness of this statement is not accidental. When we talk about cause and effect, art therapists are in the same boat as the rest of psychiatry — mostly at sea. If favorable changes occur we don't know exactly how much an aesthetically valid painting or how much a dramatic new spoken insight did or didn't have to do with it.

We do know that therapy aims at "favorable changes in personality or in living." Therefore, specialized learning that leaves the core of the personality untouched is not part of therapy as we are here using the term, even though mastery of specific skills has an important place in rehabilitation. Thus, formal art instruction that stresses technique, instruction not guided by understanding of the whole personality's needs, has its own place but that place is not in art therapy.

Therapy aims, we have said, at a relatively durable effect. In this it is distinguished from activities designed to offer only distraction from inner conflict, activities whose benefits are therefore at best momentary. The art therapist often must tolerate defensive or escapist uses of art materials, but this is never his goal. In some so-called recreational uses of art materials, on the other hand, such superficial satisfaction of immediate wishes is actively encouraged. Such programs are not art therapy. We can go

further, and say that the use of art materials in them creates needless confusion, builds special resistances, and is not even very effective (a pack of cards would generally serve better).

Finally the definition of art therapy hinges on the definition of art. The psychological forces and mechanisms involved in artistic creation are closely akin to those that underlie the development of human personality as a whole; they are no less complex, no easier to describe. Nevertheless I must offer a very brief statement about what is essential to art activity.

Its motive power comes from within the personality; it is a way of bringing order out of chaos — chaotic feelings and impulses within, the bewildering mass of impressions from without. It is a means to discover both the self and the world, and to establish a relation between the two. In the complete creative process, inner and outer realities are fused into a new entity.

The spontaneous projections encouraged in therapy-oriented art therapy are not art in the complete sense, but neither are they anti-art. They are vital fragments of the essential raw material from which art may evolve. (This helps explain both the immediate fascination of much "psychiatric art" and its ultimately thin, boring character.)

Concern with the visible world may also set the creative process in motion. In this process the self gives form to material in order to grasp some aspect of reality; subject and object are alike indispensable. (This explains why photographic imitation has not even a brief flicker of vitality.)

If exact reproduction is set up as an ideal, then even the great art of drawing can be perverted into anti-art. American business genius has perfected special media whereby the element of choice is eliminated and anti-art is guaranteed. Ceramic moulds, for example, which are an old invention, have been brought to new heights of vulgarity and ugliness. Kit-craft has drained the life and meaning from many of the great traditional media. With numbered paintings it appears that the ultimate in by-passing and falsifying the creative process has been achieved — unless invention beyond the imagination of a mere art therapist is still in store for us.

The proportions of art and of therapy in art therapy may vary within a wide range. The completion of the artistic process may at times be sacrificed to more immediate goals. Stereotyped, compulsive work used to ward off dangerous emotions must sometimes be permitted. Communication and insight may take priority over development of art expression. On the other hand, where no fruitful consolidation of insight can be foreseen, the exposure of conflicts may be deliberately avoided in favor of artistic achievement. But anything that is to be called art therapy must genuinely partake of both art and therapy.

Comments

Dr. Kafka's statement was written without reference to the foregoing paper, but is so closely related to the subject under discussion that it is printed here.

ART THERAPY AND PSYCHOTHERAPY

By JOHN S. KAFKA, M.D.

Dr. Kafka, Diplomate in Psychiatry, American Board of Psychiatry and Neurology, was a psychologist before he studied medicine. He is a Staff Psychiatrist at Chestnut Lodge, Rockville, Maryland; Psychiatric Consultant to Family Service of Montgomery County, Maryland; and in private practice.

The use of clinical judgment makes an activity into a therapy. What does art therapy have in common with psychotherapy and what are its distinguishing characteristics?

In *retrospect* the form of a communication in therapy is often much more important than the content, but there are no *significant* formal elements without the active search for subjectively meaningful and therefore at least partly communicable content. The form that matters in therapy and in art is the form of our search for content. The search for content, for meaning which can be communicated, is the common essential ingredient of both art therapy and psychotherapy.

It is a commonplace that the therapeutic moment *par excellence* is one in which neither therapist nor patient is particularly aware that "therapy is going on." Art therapy is perhaps especially free of therapeutic self-consciousness, yet both art therapy and psychotherapy need some definition, or at least orienting description of the therapeutic field.

The attitudes which define *any* therapeutic field include respect for the person of the patient and recognition of the meaningfulness of his style of life and expression, with awareness, however, that some styles are pathological. This last statement does of course imply clinical judgment and therefore a value system.

In art therapy the patient sees himself reflected in the mirror of his artistic productions. In a sense, therefore, art therapy shares something with those still largely experimental techniques in which patients are confronted with photographs, movies or sound tapes of themselves.

What gives art therapy, however, its peculiar stamp, is the uniqueness of the encounter in, or around the creation of, a work of art or, better, the curious combination of detachment and encounter. His clinical judgment notwithstanding, the art therapist is primarily an artist and this fact facilitates a special kind of detached meeting. Art therapy facilitates an atmosphere of simultaneous detachment and encounter, a climate in which some patients learn that it is safe to move more freely than they have ever moved before.

Two psychiatrists and an artist were invited to comment on "Art Therapy: Problems of Definition" before publication. Their remarks follow.

PROBLEM AREAS IN ART THERAPY

By JAMES L. FOY, M.D.

Dr. Foy is Associate Chief Psychiatrist at District of Columbia General Hospital, Instructor in Psychiatry at Georgetown University Medical School, and Lecturer in Psychiatry at the Catholic University of America.

Miss Ulman's comprehensive overview of contemporary definitions and distinctions in the new discipline of art therapy is both admirable and provocative. The practical procedures and developing theoretical considerations within art therapy offer an intriguing perspective to the psychiatrist. Already the impact of psychoanalytic method and psychoanalytic personality theory upon practice and concepts are apparent; however, the danger exists that the new discipline will not take the fullest advantage of what current psychiatric and psychoanalytic theory has to offer it. The most recent contributions of ego psychology might very well be overlooked in favor of more familiar, simple, and at times, more dated conceptualizations. Kramer,¹ in an article published in the first issue of this BULLETIN, made special reference to the risk of applying oversimplified and misinterpreted theory in art education and art therapy.

Miss Ulman identifies two frames of reference within the practice and principles of art therapists engaged in active clinical work today. The first view sees therapy as the central issue and, therefore, develops the idea of a specialized psychotherapy. The second view gives prominence to artistic creativeness and the problem-solving and integrative processes which the personality exercises while engaged in the therapeutic work. Each point of view within art therapy would seem to have something to learn from the other.

These two tendencies and their discernible theoretical underpinnings have prompted me to discuss three problem areas common to any art therapy: (1) the psychotherapeutic transaction and its direction; (2) the problem of sublimation; and (3) the interrelationships between integrative and creative processes. This discussion will necessarily be brief. In beginning to elaborate upon these significant problem areas I will make reference to pertinent contributions by various writers commonly identified with the school of psychoanalytic ego psychology.

Psychotherapy and Its Direction

A psychotherapeutic experience worth its salt involves more than the ventilation or catharsis of emotion. It involves more than the technical

¹ Edith Kramer, "Art and Emptiness," *Bulletin of Art Therapy*, Vol. 1, No. 1, 1961.

articulation of free associations implemented toward the interpretation of symbolic content. It involves more than uncovering and the bland imparting of insight by therapist to patient. French,² among recent psychotherapists, has particularly recognized the importance of integrative ego functions and their part in resolving neurotic conflict after defensive ego functions have been analyzed and problem-solving insight mobilized. French's ideas on therapy should be more widely disseminated among art therapists, because art therapists confront that aspect of the sick person's system ego that is struggling toward integration and synthesis in concrete, down-to-earth productions; and also because art therapists can readily recognize and reinforce problem-solving insight in the specific creative situation. The art activity affords a splendid opportunity to partially appraise integrative capacity and delineate significant integrative fields.

The patient's productions in a continuous art therapy would be similar to his dreams with their overdetermined levels of meaning, based upon integrative processes. On the other hand, these productions would simultaneously be a form of behavior geared to the reintegrative processes of treatment. In other words, art therapy has the advantage of being both descriptively analytic and behaviorally synthetic in its psychotherapeutic direction. It seems that the two trends in current art therapy practice are fittingly wedded in this notion of a biphasic therapeutic direction.

Yet, should one accept these conceptualizations of the therapeutic processes in art therapy, it would seem to be relegated to the role of an adjuvant therapy, unless the facilitating positive and negative tides of transference phenomena were allowed to generate within the art therapist-patient relationship. This line of argument would lead us to accept the view of art therapy as a specialized form of analytically oriented psychotherapy and a therapy which would necessarily have to encourage a transference with subsequent working-through of all elements within that transference. The transposition of these technicalities to the art therapist-patient relationship gives rise to a new set of problems, which has yet to be fully elucidated or defined.

The Problem of Sublimation

Freud's original elaboration of the concept, sublimation, was inevitably linked to his libido theory.³ Sublimation was seen as a process which concerned object-libido, and which consisted in a deflection of the sexual instinct from the sexual aim toward an aim other than, and remote from, sexual gratification. Freud later spoke of sublimation as encompassing a modification of instinctual aim together with a change of object, both influenced by the weight of social values. Anna Freud⁴ comments on a

² Thomas M. French, *The Reintegrative Process in Psychoanalytic Treatment*, Vol. III of *The Integration of Behavior*. Chicago, University of Chicago Press, 1958.

³ Sigmund Freud, "On Narcissism: An Introduction," *Collected Papers* Vol. IV. London, Hogarth Press, 1953.

⁴ Anna Freud, *The Ego and the Mechanisms of Defense*. New York, International Universities Press, 1946.

similar concept of sublimation as a mechanism of defense with displacement of instinctual aim in conformity with higher social values and presupposing the acceptance or the knowledge of such values.

This conceptualization of sublimation as a mechanism for the refinement of instincts was applied repeatedly to the broader aspects of creativity by Freud, many early psychoanalysts, and some medical psychologists during the last century and up to the present time. These applications of the idea of sublimation to artistic, philosophic, and scientific creativeness have been reviewed comprehensively and criticized rigorously, on purely psychological grounds, by Lee,⁵ an analyst. He rejects the equation of creativity with sublimated instinctual processes as naïve and totally inadequate in dealing with the complex relationships in creative activity between perception, emotion, imagination, cognition, learning, and the unique, economically executed performance. In the orthodox equation the elaborative phase of creative activity is almost completely ignored and the inspirational phase of creative activity simplified in the extreme.

A further argument against the application of the idea, sublimation, as it has been traditionally formulated, to the problems of creative activity is based upon a weakness in libido theory itself. This part of Freudian theory and the construct mechanism, sublimation, are derived from a model of the energetics of psychological processes which has mental energy subject to the laws of classical mechanics and thermodynamics. Inaccurate assumptions about "psychic energy" have plagued libido theory from the very beginning of Freud's work. Attempts to energize the autonomous ego functions by such constructs as desexualized libido or neutralized energy quanta, which have been formally proposed by theorists from the school of ego psychology, are open to the same objections.

Kubie⁶ sees sublimation as a descriptive concept and not an explanatory one. He criticizes the application of the mechanism of sublimation to creativity as the resolution of unconscious conflicts expressed in socially valuable forms. He proposes rather, that the free play of preconscious processes is at the core of creative activity manifesting exceptional speed, economy and versatility in establishing flexible configurations of symbolic processes, perceptual patterns and conceptual patterns. Such configurations display the condensation and synthesis which are the earmarks of creative performance.

Art therapy has reached that stage of sophistication where its theory should recognize the shortcomings of an idea like sublimation with its implications of externalized unconscious conflict or impulse in artistic activity. The concept may have a narrow range of applicability in art therapy work with psychotic or impulse-ridden patients. Creativeness need not and cannot be "explained" by reference to invalid assumptions about instinctual energy or its channeling into defensive mechanisms. Creative

⁵ Harry B. Lee, "A Theory Concerning Free Invention in the Creative Arts," *Psychiatry*, Vol. 3, 1940.

⁶ Lawrence S. Kubie, *Neurotic Distortion of the Creative Process*. Lawrence, University of Kansas Press, 1958.

output can be related to personality variables in terms of a configuration or alignment of preconscious ego functions standing between conscious communication and unconscious stereotype.

Integrative and Creative Processes

One must admit at the outset that there is no easy congruity or correlation between endopsychic integrative and creative processes. The tragic lives of a great number of men of creative genius, with formidable achievements in art and science, attest to the fact that creativity cannot safeguard mental health or cure profound mental disorder. As we accept this fact, we must also reject the myth that genius and madness are inseparable. The creative personality can be either healthy or sick; integrated, poorly integrated, at times perhaps disintegrating. Merely to be creative does not insure health; merely to be neurotic does not insure creativeness.

Hartmann,⁷ in a tentative discussion of the integrative functions of the ego, calls attention to the full range of synthetic factors about which little is known. He states that some of these synthetic factors belong partly to the conflict-free regulative functions of the ego, operating under the influence of preconscious and conscious processes. Hartmann sees artistic creativeness as the prototype of synthetic solution by the ego, with an inherent tendency toward order and organization. He goes on to comment on the increased mobility of the ego in artistic activity and artistic enjoyment. This mobility within an integrative ego function affords a freedom from regulation by the external world and an access to the inner world with the possibility of autoplasmic adaptive effects. This pivotal positioning of the ego between reality and the interior unconscious recalls the important contribution by Kris,⁸ i.e., regression in service of the ego or ego controlled regression as one aspect of an early stage of some creative processes.

What has been said may help to answer the riddle why a man of intense creative capacity, like Van Gogh, could continue to uphold his creative endowment and functioning, while his personality was succumbing to the disintegrating impact of conflict and regression. In his personality integrative processes and creative processes seemed to have been two parallel tracks of analogous but separate ego functions: the creative processes under the auspices of especially resilient autonomous ego functions of the conflict-free ego sphere; the integrative processes in the hands of conflict-weakened, affectively charged, diffusive ego functions.

This kind of split in the personality structure of some markedly creative persons has been cited by Greenacre.⁹ She elaborates on this as a discrepancy between two self-representations: a primary, negative, and poorly integrated self-representation and an accessory, positive and creative self-representation. Her ideas show considerable agreement with and receive

⁷ Heinz Hartmann, *Ego Psychology and the Problem of Adaptation*. New York, International Universities Press, 1958.

⁸ Ernst Kris, *Psychoanalytic Explorations in Art*. New York, International Universities Press, 1952.

⁹ Phyllis Greenacre, "The Childhood of the Artist," *The Psychoanalytic Study of the Child*, Vol. 12, 1957.

much wider clarification in the work of Erikson¹⁰ on the sense of ego identity and the adolescent crisis of identity. Elsewhere I have examined the biography and creative work of Van Gogh in the light of these concepts. One should not attempt to generalize on the coexistence of creativity with identity problems in artists. There are most certainly various combinations of creation and integration.

Erikson's concept of ego identity also corresponds closely to the concept of self representation as used by Hartmann,¹¹ Jacobson,¹² and Kaywin.¹³ Erikson presents a detailed study of one type of integrative ego function. He conceives of ego identity as a lifelong development, neither beginning nor ending in adolescence, its early formation under way when the usefulness of identifications end, and when these identifications need to be consolidated and superseded by a new ego synthesis. This process requires an evolving configuration of: constitutional factors, idiosyncratic needs, favored capacities, significant introjects and identifications, effective ego defenses, body image and authentic roles. This configuration or alignment is gradually established by successive preconscious structurings and restructurings, successive ego syntheses and resyntheses, throughout childhood. In late adolescence a more integrated *Gestalt* comprises the configuration Erikson terms ego identity.

Ego identity, as one clear example of an integrative process, can prove useful in clinical studies and art therapy. Ego identity could be studied in conjunction with the direction of creative processes in patients engaged in continuous art therapy. I suggest its value as a research tool especially in work with those adolescents and young adults who take easily to art therapy methods.

In any attempt to explore the interrelationships between integrative and creative processes one must accept their parallelism, divergence, or convergence, as these might be encountered in individual circumstances. These complex problems could be studied systematically: (1) in patients under art therapy; (2) in the professional development of art students; (3) in biographical and autobiographic accounts of artists; and (4) in an analysis of the painted self-portrait or series of self-portraits. An extensive convergence and overlap between integrative and creative processes exists in the dream, and recent researches into the function of dreams and dreamwork have illuminated the problem. An extensive convergence and overlap between disintegrative and creative processes exists in LSD intoxication.

Questions raised in this part of the discussion were meant to caution the art therapist that creativity is not necessarily the royal road to healthy

¹⁰ Erik H. Erikson, "The Problem of Ego Identity," *J. Am. Psychoanalytic Assn.*, Vol. 4, 1956.

¹¹ Heinz Hartmann, "Comments on the Psychoanalytic Theory of the Ego," *The Psychoanalytic Study of the Child*, Vol. 5, 1950.

¹² Edith Jacobson, "The Self and the Object World," *The Psychoanalytic Study of the Child*, Vol. 9, 1954.

¹³ L. Kaywin, "Notes on the Concept of Self-Representation," *J. Am. Psychoanalytic Assn.*, Vol. 5, 1957.

ego integration, and as we have seen, the two paths may never intersect. Nevertheless, the patient under therapy requires reintegrative direction and the art therapist can frequently influence one level of reintegration by applying skill and patience. The ongoing diagnostic information and indications of change in a broad spectrum of ego functions can be considerable in the materials the art therapist gathers from patients in long-range treatment programs. The art therapist has in hand a portfolio of productions which are a collection of self-representations, self-portraits in the form of scrawls, scribbles, blobs, still-lives, landscapes and figures. Most art therapists have had the experience of witnessing at least one patient's progress where there has been convergence and later simultaneous development of reintegrative processes and truly creative achievement of high artistic merit.

The aim of this discussion of Miss Ulman's paper has been to suggest to those workers within art therapy and adjacent fields that which lies beyond definitions and the fencing-in of new territory. The beginnings of a new discipline bring into focus responsibilities for new study and exploration into that inner space of the human person which rivals in complexity our universe and galaxies.

SOME QUESTIONS ABOUT ART THERAPY

By JOSEPH D. NOSHPIZ, M.D.

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In reviewing the history and function of art therapy, Miss Ulman implies a sort of spectrum of possibilities, a range of ways and means that art therapy might work. On one end is the notion of its primacy. It and it alone is the definitive therapeutic instrument; insights are achieved and personality reworking accomplished solely — or at least principally — by this means.

Passing back along the spectrum, we encounter a position where therapy is auxiliary in one sense or another to other means of treatment; e.g., psychotherapy, residential treatment, psychoanalysis, hospitalization, etc.

Further along our rainbow of possibilities we come to the role of art therapy as sublimation, as a type of education or training in a satisfying and socially valuable task — even as a type of super-hobby.

The logical end point of this sequence is, not surprisingly, not mentioned. This would obviously be that art therapy was nothing, it had zero effect on the clinical picture, it was neutral and neither hurt nor helped. At best it filled time. At worst it merely wasted the time it filled. That this position is not considered is not without meaning — scientific as well as non-scientific. For it is in the departure from this question of what, if

anything, does art therapy accomplish that some refinement of thinking and approach to clarity may be hoped for.

It would seem to me that one factor omitted from the considerations here set forth is the matter of ego functions. What ego functions are involved in the act of creating a drawing, or any sort of work of art? To what extent is the identity function brought in? What is the meaning of the use of the synthetic function of the ego in organizing forms, and colors, and space? What is the effect on total ego integration of thus achieving integration in a microcosmic field? What is the effect on ego defenses of portraying internal stresses in an externalized form? Is there any effect at all? What are the clinical experiences to suggest this? How could anyone "work through" or "analyze" or "resolve" a defense in theoretical terms by this sort of behavior? Do we have any theoretical constructs to allow for this? What is the element of sublimation here — and what evidence is there, if any, of non-sublimatory elements?

To the extent that the questions about art therapy can be refined into smaller and smaller issues, and more particulate bits can be dealt with and explored, to that extent can the potential and actual contribution of this medium be realized — and new refinements of techniques achieved.

THE FUTURE OF ART THERAPY

By MARIA PETRIE

Mrs. Petrie is a sculptor who has taught art in England, Germany, and the United States. She is the author of two books: *Art and Regeneration* and *Modelling*.

I have been asked to comment on Miss Ulman's fine, well-documented paper above. As there has been no time to compare it with the sources she uses, I am not really equipped to review the greater part of her article. But her presentation and outlining of our common aims does interest me.

By her review of the important recent publications in the field of art therapy, Miss Ulman shows clearly the difficulties of establishing a satisfactory basis for further progress. Steps to be considered must be the adequate training of art therapists and closer cooperation between art therapist and psychiatrist or psychologist, where the two latter do not already take it upon themselves to act as art therapists. Some of them do so successfully, and there are also a small number of art therapists well-trained in psychology as well as in art and art education. But they are exceptions. Nearly all art therapists now practicing will lack the triple credentials which are hard to come by. While we await courses for combined, special training in the three fundamental subjects, natural gifts plus experience and insight must supplement what training there is. But by and large, art therapy cannot be learned by rote and must always be based on the loving study of each individual child or patient.

There are really none but favorable comments to make on what Miss Ulman has to say. I should like to enlarge on what she has omitted to say and shall try to do so in a separate paper.

She hints at other aspects to be treated later, such as diagnosis and the relationship between art and occupational therapy. I see these subjects as subordinated to and, as far as they are problems, solved by possible answers to the bigger questions: What is art (and non-art)? and what is therapy? These questions have puzzled philosophers for ages and valid answers may not yet be in sight. But we should perhaps no longer be too easily satisfied with words like sublimation and integration. Rather we should try to find out what really happens in the process of art creation and in healing, and what connection there is between the two.

Miss Ulman is approaching these questions in her last paragraphs, but too tentatively and conventionally. Perhaps she did not want to frighten her readers with too much weighty matter at one time!

News . . .

Membership of the **International Society of the Psychopathology of Expression** has increased from 31 at the time of the Society's foundation in 1959 to 280. Dr. Guy Rosolato, Secretary of the Society, made this announcement as Chairman of a business meeting held in Montreal in June 1961. The Society will continue to organize international congresses, symposiums and exhibitions, and to sponsor national organizations. Plans are under way for affiliation with other international societies, for the publication of a journal, and for the foundation of a special library at the Society's headquarters in Paris.

The International Society of the Psychopathology of Expression organized a meeting devoted to **plastic expression**, which was held at Liège in September 1961 under the auspices of the Royal Belgian Society of Mental Medicine. The speakers and their subjects were:

J. Bobon, Liège: Introduction

H. Collon, Liège: Congenital Hemiplegia and Scotomization of the Pictorial Representation of Space

R. Dellaert, Antwerp: Free Expression in Psychotherapy

J. Bobon and F. Goffioul, Liège: Drawing, the Final Mode of Projection in the Course of a Suicide

R. Volmat and R. Robert, Paris: Concerning a Specific Technique for the Study of Pictorial Creation under the Influence of Drugs

G. Rosolato, C. Wiart, and R. Volmat, Paris: A Test of a Certain Type of Esthetic

- J. M. Vaessen, Heiloo: Evolution of Plastic Expression under Chemotherapy
- R. Crahay, Brussels, and J. Bobon, Liège: Concerning Anxiety in Graphic Play: the Pathological Abstraction of Forms
- J. Bobon, Liège, and G. Maccagnani, Bologna: An Essay on the Methodology of Plastic Expression: Neomorphisms and Paramorphisms
- G. Maccagnani, Bologna: Neomorphism in Contemporary Art
- P. Bernard, Epinay-sur-Orge, and J. Bobon, Liège: Compensatory Neomorphism in a Regressed Schizophrenic
- J. M. Duché, Paris: The World of the Schizophrenic (Film)
- J. Delay, R. Volmat and G. Rossetti, Paris: Uprootings (Film)
- J. Delay, P. Deniker, R. Volmat and G. Rossetti, Paris: Neuroleptics and Expression (Film)
- R. Dellaert, Antwerp: Conclusion

The **Belgian Society of the Psychopathology of Expression** held its inaugural meeting at Liège in October 1961. The new organization is affiliated with the Royal Belgian Society of Mental Medicine and with the International Society of the Psychopathology of Expression.

The International Society of the Psychopathology of Expression announces that the **Third International Congress of Psychopathological Art** will be held in Antwerp, Belgium, starting on July 15, 1962. Three principal papers will be followed by shorter reports on the same and other subjects, and an international exhibition of psychopathological art will be shown. Authors of papers and exhibitors should communicate as soon as possible with Prof. L. Van Bogaert, 45 Rue Phillip Williot, Berchem-Anvers, Belgium. Exhibitors should specify the approximate area of the screens needed for the display of their material.

Authors and subjects of the principal papers are:

Prof. G. Padovani, Genoa: Psychology and Urbanism

Dr. Irene Jakab, Hungary: Pictorial Representation of Space

Dr. J. Obiols Vie, Barcelona: Psychotherapy by Means or Art

In addition to Prof. Van Bogaert, Chairman, the local organizing committee consists of Professor G. Dellaert, Antwerp, Vice Chairman, and Dr. Hariga, Liège, Secretary. Plans for the Fourth International Congress of Psychopathological Art, to take place in 1963 or 1964, will be discussed at the meetings.

A symposium on "**Psychological Dimensions of Creativity**" was held in September during the 69th annual convention of the American Psychological Association in New York City. The panelists included:

Dr. Edward T. Adelson, Payne-Whitney Clinic, New York, N. Y. — "Creativity in Scientists"

Dr. Vera Brenson, National Psychological Association for Psychoanalysis, New York, N. Y. — "Creativity in Musicians"

Dr. Jule Nydes, National Psychological Association for Psychoanalysis, New York, N. Y. — "Creativity in Psychotherapy"

Dr. Edwin B. Burgum, Postgraduate Center for Psychotherapy, New York, N. Y. — "Unconscious Elements in Artistic Creativity"

Dr. Edrita Fried, Postgraduate Center for Psychotherapy, New York, N. Y. — "Personality of Creative Individuals"

Following the formal presentation, writer James T. Farrell, artist Paul Freeman, and playwright Arthur Miller served as discussants.

A **summer course**, "Art Education and Personality," will be taught by Margaret Naumburg at Miami University, Oxford, Ohio, in June and July, 1962. In December 1961 Miss Naumburg spoke to the faculty and students of the University on "The Role of Spontaneous Art in Education."

Also in December, Miss Naumburg gave two illustrated lectures on art therapy at the Allentown State Hospital, Allentown, Pennsylvania.

In the **1962 spring semester**, a workshop course on "The Use of Art With Emotionally Disturbed Children," taught by Elinor Ulman, will be offered jointly by the Washington School of Psychiatry and the University of Maryland. Students eligible for graduate credit at the University should obtain undergraduate transcripts promptly in preparation for the early registration required. The course will also be open to auditors who meet admission requirements.

In the New York area, growing interest in art therapy led to a busy schedule of lectures and exhibitions for **Edith Kramer**, artist, art therapist author, and teacher. During the fall semester Miss Kramer delivered five lectures at Bank Street College, and in November the North Shore Child Guidance Clinic, Long Island, hoping to stimulate greater use of art therapy in their program, invited her to speak. Early in November, Miss Kramer lectured at the McBurney YMCA, New York City, in connection with "Art and the Troubled Child," an exhibition of paintings from her art therapy program at the Wiltwyck School for Boys. The same YMCA asked Miss Kramer to prepare a special exhibition of amateur art, and to give another lecture related to it in December.

Art therapy was featured at four sessions of a **training course** for volunteer occupational therapy aides held in Syracuse, New York, this fall. Dr. Michael F. Andrews, Director of Art Education at Syracuse University, spoke on "The Role of Art Activity as Therapy" on October 9 and assisted in a workshop on the "Creative Approach to Art Activity" on October 23. Miss Susan Peterson, Research Assistant in Art Therapy, Syracuse University, served as coordinator of the workshop at that and two succeeding sessions. The 10-session course was sponsored by the Syracuse Branch of the Central New York District of the New York State Occupational Therapy Association; the Art Education Department of the School of Art, Syracuse University; University College; the Rehabilitation Department of University Hospital; Visiting Nurse Association; and Volunteer Center, Inc.

The **Seventh Annual Chestnut Lodge Symposium** was held on November 3 at the Center in Rockville, Maryland. During the afternoon session, Prentiss Taylor spoke on "Some Problems in the Management of Art Therapy." Discussion led by John S. Kafka, M.D., followed the presentation. Harold F. Searles, M. D., was chairman of the session.

The Arts in Therapy Training Program of Turtle Bay Music School sponsored a one-day workshop on "Experience in Art Forms for Psychiatric Staffs" on November 15. The program subjects and speakers were:

Welcome — Ruth Kemper, Director, Turtle Bay Music School

Use of Dance with Emotionally Ill — Marian Chace, Dance Therapist at St. Elizabeths Hospital, Washington, D. C., and Chestnut Lodge, Rockville, Maryland; conducts dance therapy workshops, Turtle Bay Music School

Use of Art with Physically and Emotionally Ill — Edith Kramer, Art Therapist, Leake and Watts Children's home; faculty, New School for Social Research and Arts Therapy Program, Turtle Bay Music School; Author, "Art Therapy in a Children's Community"

Use of Music with Physically and Emotionally Ill — Helen Lanfer, faculty, Adelphi Children's Center for Creative Arts; Hebrew Arts School for Music and Dance; Arts in Therapy Program, Turtle Bay Music School.

Burgh Heath Centre in Epsom, Surrey, England, held an **Art Therapy Exhibition** in June. Director Ruth Simpson reports attendance of over 100 people, "who were all keenly interested and astonished at the nature and power of the painting and models." She reports also that the art therapy program at the Centre is growing rapidly. "Careful records are being kept, as I believe we are doing pioneer work in this direction."

An exhibition of **drawings and paintings made by patients** during art therapy sessions was held at the Psychiatric Institute of University Hospital, Baltimore, Maryland, in September. Some 50 art productions shown were the work of patients with little or no previous art training prior to the art sessions conducted by Myer Site and reported in the first issue of the **BULLETIN**.

We are pleased to have additional information regarding the art therapy program at the Psychiatric Institute, University Hospital, Baltimore, Maryland. Dr. Roman Nagorka, director of the Activity Therapies Department, writes to say that we were **mistaken** in calling the art therapy work by Mr. Myer Site a pilot program. The Institute previously had initiated creative art sessions for patients under a program carried out by occupational therapists and a professional artist.

"**Planning a Picture Program for Your Hospital**," a 32-page booklet filled with practical information, is available at \$1.00 a copy from the United Hospital Fund, 3 East 54th Street, New York 22, N. Y. The Fund's Committee on Art for Hospitals, which during the past ten years has collected and placed more than 2500 pictures in 89 institutions, presents the fruits of its experience with everything from "organizing your hospital picture committee" to the selection, distribution, framing and hanging of pictures. Fund-raising, record-keeping, loan collections, and organizing community picture projects are among the subjects concisely and effectively discussed.

A series of "International Travelling Exhibitions" in art, education, and related fields is announced by Rudolf Steiner Exhibitions. These exhibitions are available to universities, museums, teacher training institutions, and similar groups "without expense except for shipping charges from the last exhibition point." Details may be obtained from Rudolf Steiner Exhibitions, 25 Pershing Road, Englewood, New Jersey.

1961 PERIODICAL LITERATURE

Articles of special interest to readers of the BULLETIN OF ART THERAPY will continue to be listed in each issue. January 1961 has been taken as an arbitrary cut-off date, and only titles not reported in the Fall 1961 issue of the BULLETIN are included below. Where titles in the language of publication were not available, the name of that language, in parentheses, follows the English translation of the title.

ALFORD, JOHN. *Problems of a humanistic art in a mechanistic culture*; Journal of Aesthetics and Art Criticism (Cleveland, Ohio), Fall 1961, Vol. XX, No. 1.

ARNHEIM, RUDOLF. *Perceptual analysis of a cosmological symbol*; Journal of Aesthetics and Art Criticism (Cleveland, Ohio), Summer 1961, Vol. XIX, No. 4.

BACH, S. R. *Spontanes Malen und Zeichnen im neurochirurgischen Bereich. Ein Beitrag zur Früh und Differentialdiagnose* (Spontaneous painting and drawing in the area of neurosurgery. A contribution to early and differential diagnosis); Schweizer Archiv für Neurologie, Neurochirurgie und Psychiatrie (Zurich), 1961. Vol. 87.

BARISON, F. *Art and schizophrenia* (French); Evolution Psychiatrique (Paris), January-March 1961, Vol. 26.

DAVIDSON, G. M. and ADES, D. *Perception and pharmacodynamics in schizophrenia (as reflected in patients' art)*; Diseases of the Nervous System (New York, N. Y.), May 1961, Vol. 22.

EAGER, GERALD. *The missing and the mutilated eye in contemporary art*; Journal of Aesthetics and Art Criticism (Cleveland, Ohio), Fall 1961, Vol. XX, No. 1.

FAURE, H. *Drawings of dreams of children during and at the termination of group sleep therapy: their projective richness and psychotherapeutic use* (French); Annales Medico-Psychologiques (Paris), April 1961, Vol. 119, No. 1.

FERDIERE, G. *Reflections on art therapy* (French); Annales Medico-Psychologiques (Paris), May 1961, Vol. 119, No. 1.

FISCHER, J. L. *Art styles as cultural cognitive maps*; American Anthropologist (Washington, D. C.), February 1961, Vol. 63.

FISHER, G. M. *Nudity in human figure drawings*; Journal of Clinical Psychology (Brandon, Vermont), July 1961, Vol. 17.

GOLD, M. *Freud's views on art; Psychoanalysis and the Psychoanalytic Review* (New York, N. Y.), Summer 1961, Vol. 48.

GOLDSCHMIDT, W. and EDGERTON, R. B. *Picture Technique for the study of values; American Anthropologist* (Washington, D. C.), February 1961, Vol. 63.

HENKES, ROBERT. *Art and the professional guidance counselor; School Arts* (Worcester, Mass.), May 1961, Vol. 60, No. 9.

LECONTE, M., CHAZAUD, J. and ROBERT, R. *Illustration of several habitual aspects of the painting of schizophrenics. Apropos of about 100 cases* (French); *Encephale* (Paris), January-February 1961, Vol. 50.

LEGUEN, C. *Apropos of Goya: On art and mental disorder* (French); *Evolution Psychiatrique* (Paris), January-March 1961, Vol. 26.

LONG, J. A. and DELLIS, N. P. *Relationships between the finger-paintings and overt behavior of schizophrenics; Journal of Projective Techniques* (Glendale, California), June 1961, Vol. 25.

MARTIN, DAVID F. *On portraiture: some distinctions; Journal of Aesthetics and Art Criticism* (Cleveland, Ohio), Fall 1961, Vol. XX, No. 1.

PAPANAK, V. J. *Designing chaos; School Arts* (Worcester, Mass.), April 1961, Vol. 60, No. 8.

PIKUNAS, J., and CARBERRY, H. *Standardization of the graphoscopic scale: the content of children's drawing; Journal of Clinical Psychology* (Brandon, Vermont), July 1961, Vol. 17.

RUBRIGHT, R., ROTHMAN, W. A. and BAER, J. *Two art shows, one goal: work of hospital artists had the whole town talking; children's contest focused on hospital skills; Hospitals* (Chicago, Illinois), March, 1961, Vol. 35.

VOLMAT, R. *Art et psychiatrie (Art and psychiatry); Psychiatrie der Gegenwart* (Berlin, Germany, Springer-Verlag), Monograph, 1961, Vol. III.

WAGNER, E. E. *The use of drawings of hands as a projective medium for differentiating normals and schizophrenics; Journal of Clinical Psychology* (Brandon, Vermont), July 1961, Vol. 17.

WALSH, M. N. *Notes on the neurosis of Leonardo da Vinci; Psychoanalytic Quarterly* (Albany, N. Y.), April 1961, Vol. 30.

WIGGIN, R. G. *Art activities for mentally handicapped children; Journal of Educational Research* (Madison, Wisconsin), March 1961, Vol. 54.

WOLF, N. *Drawings during the dissolution of a schizophrenic episode* (German); *Archiv fur Psychiatrie und Nervenkrankheiten Vereinigt mit Zeitschrift fur die Gesamte. Neurologie und Psychiatrie* (Berlin), 1961, Vol. 202.

Book Review

By IRVING SCHNEIDER, M.D.

Dr. Schneider is director of the Arlington Mental Hygiene Clinic, Arlington, Virginia, and Assistant Clinical Professor of Psychiatry at Georgetown University Medical School, Washington, D. C.

H. WESTMAN. *The Springs of Creativity*. New York: Atheneum, 1961.

Despite its prominence in parts of Europe and the publications of the Bollingen foundation here, Jungian psychology is not well known in this country. In the training of psychiatrists and related therapists it is rare to encounter any references to the principles of Dr. Carl Jung, other than perhaps to his distinction between introversion and extroversion, and yet the great emphasis on symbol and image in his theory and therapy should be of interest to anyone concerned with the creative process. In *The Springs of Creativity*, Mr. H. Westman, a psychologist and psychotherapist, seeks to demonstrate the applicability of Jungian concepts to an understanding of the Bible and to the treatment through a form of art therapy of a schizophrenic girl with considerable artistic talent.

The book is divided into three parts of which the first, which is devoted to a definition of basic concepts, and the third which consists of a detailed and lavishly illustrated case history are probably of most interest to readers of the BULLETIN. I will have little to say about Part Two other than to quote the author's own summary statement that in it "the Book of Genesis is discussed as an astonishingly accurate poetic revelation of the psyche's ontogenesis and as the true spiritual background in Western tradition, which made possible the development of Depth Psychology as a science." Despite a glowing review of the book, and especially of Part Two, by Howard Moody in the *Village Voice*, my feeling about this and similar efforts I have encountered is that I am never quite sure whether the Bible is considered a great work because it anticipates the author's theory, or whether the author's theory is considered great for successfully deciphering the Bible — or both.

Part One is devoted to an exposition of some of the basic tenets of Jungian Analytical Psychology. In this section, Mr. Westman defines and discusses such concepts as persona, shadow, archetype, the Self, and symbols but in so doing he feels free to depart at many points from the orthodox Jungian position. He then proceeds to discuss his concept of psychotherapy.

"A human relationship . . . may achieve *form*, in the artist's sense of that word. . . . It is this form that both patient and therapist may experience in their relationship. Though the therapist's participation has the quality of compassionate detachment, he must in fact take part not only as an observer but as a human being. Both he and the patient must make a mutual effort at adventurous human understanding; both set out together on a kind of exploration of the psyche. As the situation between

them becomes more open and reciprocal, they are both brought to deal with essentially unconscious material; and when that material is of a transpersonal nature, both may experience the human relationship at its profoundest level."

Dreams and artistic productions are seen as crucial ways of exploring the psyche and dealing with unconscious material. In most of the patients discussed in the book, dream analysis was important; but in the case of Joan, which occupies Part Three, treatment seems to have been carried out primarily through the analysis of the girl's drawings and paintings, and her dreams were little used. I say that treatment *seems* to have been carried out in this manner because Mr. Westman writes little about the actual treatment process. In the case presentation which occupies the last hundred pages of the book, he presents in sequence the very interesting drawings which Joan produced in her two years of therapy and comments on the relationship between their content and style and the progress of her psychic development. Because his interest in presenting the material lies elsewhere, he says little of the mechanics of the therapy. We do not learn such things as what Joan's instructions were with regard to her drawings, where they were done, how they were handled in therapy. Yet it is difficult to judge the validity of the interpretations unless one knows something of the degree of suggestion involved and the state of the transference. It is true that Mr. Westman writes that "the psychotherapist was not an observer-predictor; he was an observer-participant. There were no doctrines, she was never instructed, and there was therefore no question on her part of 'doctrinal compliance!'" But in the introduction he presents a clinical vignette in which he gives a patient a passage from Jung and several of Joan's drawings to study. This sounds very much like instruction, and Mr. Westman seems to me to be very much a teacher.

The question of transference is an important one. Mr. Westman makes many references to it, but seems to use the term to refer to those situations in which a patient is directly and explicitly involved with feelings about the therapist. In contrast, I found myself thinking of transference wherever the author speaks of archetype. The most striking example of this appears in his discussion of Plates 52-57.

"I can't think, this is no good . . . fear. I don't believe I am myself. I hate this and am tired and my eyes may be anywhere. I can't be alone, because of that I get angry'.

"Nevertheless, she draws the solitary figure, elaborating the fact that she does not allow herself to be by herself. Each single figure is like a character study, *as though of a face she had really seen*. Remote as sages, having more and more a look of strange genius, they are renderings of the male archetype" (my italics).

To my skeptical eyes, these "renderings of the male archetype" bear more than a passing resemblance to the photograph of Mr. Westman on the dust jacket. Though he goes on in his discussion of the drawings to write, "at this period, the problem of transference to the psychotherapist and the problem of her father became acute," this is presented almost as a

separate fact, unrelated to the preceding paragraph, and therefore unrelated to the drawings.

It may be that the author is more alert to transference manifestations than his account would indicate and that he considered the problem irrelevant to the main theme of the book, but I feel that his limited use of the concept reflects rather a major difference in outlook between the Jungian and the Freudian therapist.

It is not my major purpose in this brief review, however, to pass any judgment on the validity of the Jungian concepts, but rather to note how successful a presentation of them the author makes. It is here that I would enter my chief objection to the book. In his striving for eloquence and style, Mr. Westman often sacrifices clarity and incisiveness. To take a less flagrant example, and one central to his approach, in discussing schizophrenia he writes, "The human psyche is a complex of energies and inertias variously conditioned and directed, released and dammed up, utilized and neglected, unsuspected, repressed. Precisely as our cellular energies are directed toward the orderly and harmonious realization and functioning of the physical organism, precisely as cosmic energies seem to work toward the harmony of the universe, so do the energies of the psyche in its ontogenesis work toward harmony and order and the goal of wholeness. Neither in the universe nor in the physical organism nor in the psyche is there a discoverable center: in all three the integration is ineffably mysterious. In Analytical Psychology, we posit as the center of psyche the Self, the source of man's intrinsic individuality and its guide. But we can really only talk about the means toward integration of the energies and inertias of the psyche, and this means is what I have called personality."

This is a very vivid and human statement and I think I have an idea of what Mr. Westman is saying, but it is an idea which is unnecessarily complicated and obscured by the quest for metaphor. Similarly, in his only description of Joan's parents he writes, "Her father is a storekeeper, her mother a good housewife. Honest, well-meaning people, they were hopeful that Joan, like her sisters, would grow up healthy and happy, have a good job as a stenographer and marry quickly." This is a decent, humane way to write about troubled people, but the decency is achieved at the cost of information. Such passages of forced simplicity like those of forced eloquence, are fine until the reader begins to raise the questions necessary for better understanding of the material. It is because of the stylistic difficulty, as well as the author's emphases, that I emerged from the almost 100-page account of Joan's treatment with a very limited picture of what she is like as an individual.

Despite the criticisms I have raised, Mr. Westman's book does serve as an introduction to a set of interesting and suggestive concepts and presents an unfamiliar approach to psychic functioning which is worthy of note by psychologists interested in art and artists interested in psychology. The author provides a great many illustrations — pictures, dreams, myths and clinical vignettes — which enable the reader to compare his own mode of interpretation with Mr. Westman's and judge for himself what modifications or additions to his own seem valid and worthy of further exploration.

(continued from page 2)

As a creative artist I find the basic premise of Miss Kramer's article, "Art and Emptiness," outdated as well as disturbing. Art work minus an obviously discernible image is no more "pseudo-art" than is the non-melodic musical composition "pseudo-music" or the plotless short story "pseudo-fiction."

Having labelled non-representational art "pseudo-art," Miss Kramer seeks to convince us of its emptiness and uselessness as a therapeutic method. As I see it, the precise opposite of her reasoning would apply. The more unrestricted the means of expression, the more spontaneously creative and personally revealing your art work is apt to be.

Moreover, I believe the role of the art teacher or therapist should be one of helping the child's horizons to expand, rather than disciplining his means of expression to the point where his output conforms to the neat little pre-fabricated formula said teacher or therapist finds pleasing.

Miss Kramer's neat little formula of no image no art, ergo emptiness, ergo evasion of actual creativity is so astonishingly out-of-tune with our times and so utterly fallacious that I can readily understand her condemnation of a wide range of art materials, varied teaching methods, and the use of more than three colors. What I cannot understand is why Miss Kramer so persistently clings to the standards and precepts of an era long since past.

Mimi Rose
Washington, D. C.

I enjoyed the article by Miss Kramer on "Art and Emptiness," but felt that the comments made by Dr. Jefferson need further comment.

Dr. Jefferson should discriminate between art and art education. When she speaks of non-objective painting as the major production of art today, it is inconceivable that those techniques, intellectual and emotional forces that lead to non-objectivity should be inflicted upon children. The artist has undergone tremendous development in arriving at his non-objective expression. Dr. Jefferson implies that the artist and the child are of the same intellectual and emotional make-up.

In art education in which spiritual and mental growth is served through art expression, the limitation to three colors does not necessarily result in "barren and dull" expressions. Furthermore, it is an excellent change of pace to purposely withdraw the child from the conglomeration of color to a more intense concentration.

The use of three colors may have much to do with art. In individual instances, it serves self-discipline, and frequently results in stronger and deeper expression. Also, three colors do not limit the child, since freedom exists in the application of the three colors.

Regarding emotional therapy, the use of limited color may tone down one's personality, but in so doing it may further and deepen the child's concentration. As Miss Kramer insisted, and I certainly concur, chaos results from the overabundance of stimuli — given a limited stimulus (color) the child more readily adapts color to a given area.

In the realm of art, Franz Kline certainly has utilized the three-color theme to strengthen his personal convictions. He is one of many.

For the intellectually inclined, intense concentration on the possibilities of three colors serves a worthwhile cause: the mixture of color resulting from the combination of the three can be made into artistic expression. Furthermore an emotional response can be extracted from the intellectual in the painting; this might otherwise never come about.

Miss Kramer's remarks are indeed timely and true.

Robert Henkes

Art Instructor, Kalamazoo, Mich.

In her article, Edith Kramer calls much of children's art empty. In many cases, very full art experiences are involved in producing the results she characterizes as empty. For example, she criticizes a child for calling his painting a design — when the child deals purely with the elements of art: line, form, and/or color rather than subject matter. I disagree with Edith Kramer's implications that art is empty and chaotic when it does not include subject matter.

Joan Hart

Art Consultant

District of Columbia Elementary Schools

I would like to comment on the comment by Dr. Jefferson about Miss Kramer's article, "Art and Emptiness." I was struck by a lack of understanding on the part of Dr. Jefferson as to what I felt was the intent of the article.

As a professional "art teacher" who has become a professional "art therapist," I feel Miss Kramer's article pointed up and pointed out the one

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common denominator that *can* underlie "Art in Education, Rehabilitation, and Psychotherapy" — that of GOAL.

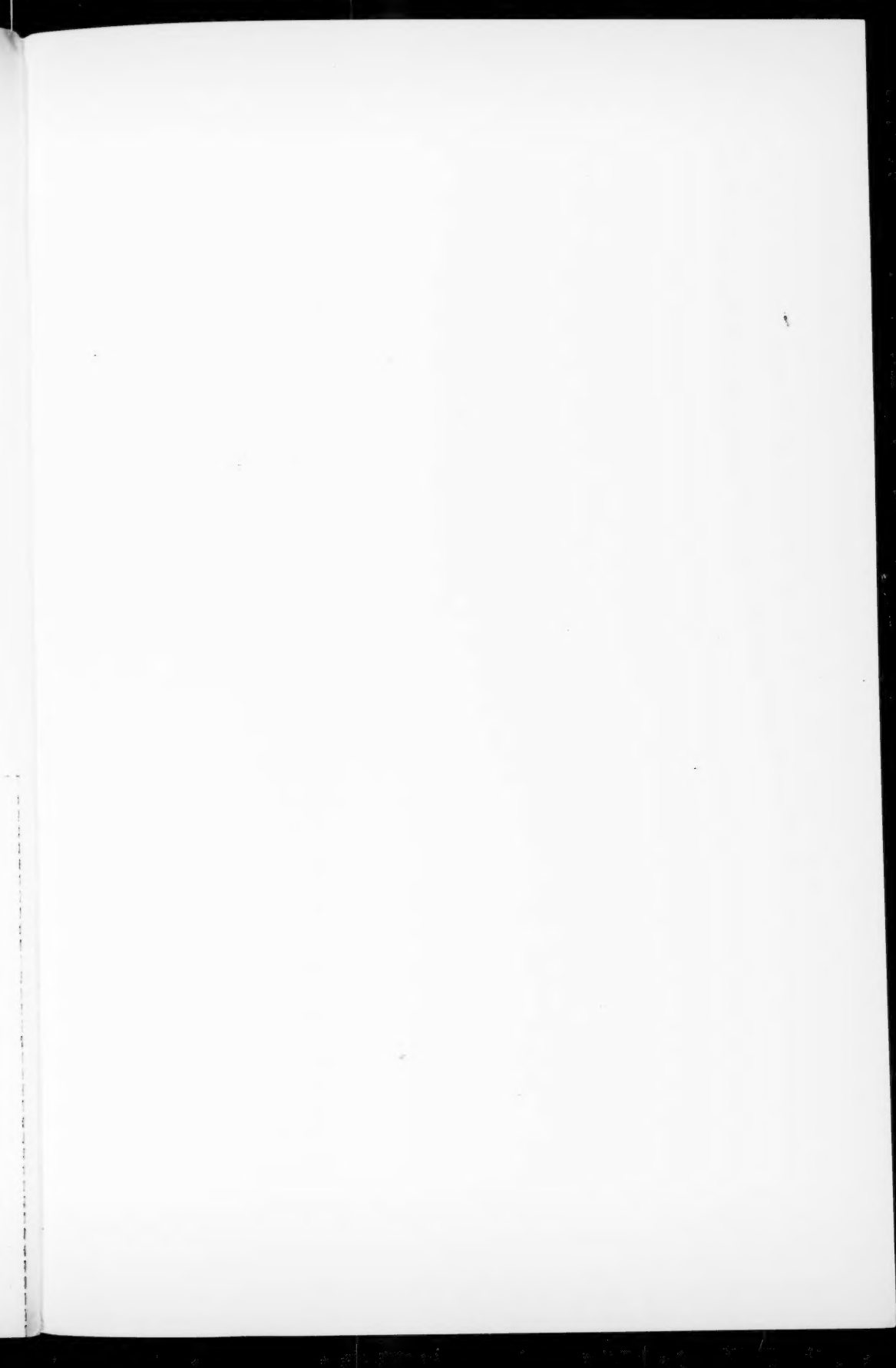
As a professionally trained art teacher of 25 years ago, I became discouraged with the attitude prevalent in the art teaching of the day. The idea that we "taught" children to create so that we could "show" their productions seemed uppermost in the minds of school boards and parents. They could not have cared less about the real inner creative growth of their children. The art teacher was considered handy to have for poster-making, and perhaps as an asset, on a superficial level, to the culture of the community.

As for the real need inherent in children to express themselves — a need as necessary to their inner growth as the air they breathe — the people responsible for planning the curriculum and for preparing the teachers to implement it were, for the most part, indifferent.

So, as Miss Kramer suggests, we find art educators today still treating their subject the same way. Twenty-five years ago, the three-pronged, identical tulip, with one stem and two leaves precisely rendered "individually" by 30 children, was shocking evidence of impoverished art teaching. Today, the random designs can be quite as shocking evidence of the old impoverishment in a new guise. Hence I strongly defend Miss Kramer's clear wish for more than just random activity.

It is difficult, of course, to free the child so that he may freely express himself. But as an art therapist I would like to add my voice to Miss Kramer's in a strong plea for a common goal — that of freeing people, sick or well, to be meaningfully creative.

Elsie F. Muller
Leawood, Kansas



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